

TOWN OF SCITUATE
BOARD OF HEALTH



600 Chief Justice Cushing Hwy.
Scituate, Massachusetts 02066
Telephone (781) 545-8725
Fax (781) 545-8704

To: Scituate Tobacco Sales Permit Holders
From: Scituate Board of Health
Date: October 17, 2016
Subject: 2017 Tobacco Sales Permit Renewals

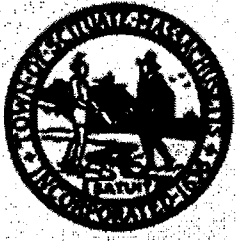
Dear Tobacco Sales Permit Holders:

Enclosed is your 2017 tobacco sales permit application package. Enclosed are the following: 1) the tobacco sales permit application form and 2) a tobacco sales permit checklist, which needs to be initialed on each line and signed where indicated. Please return both of these forms, the fee of \$200.00 with a check made payable to the Town of Scituate, and a copy of your Department of Revenue Tobacco Retailer License. **The Board of Health must receive your completed application package by November 15, 2016.** If you have any questions regarding the permit process, please do not hesitate to call our office at 781-545-8725.

The Board of Health thanks you in advance for your cooperation.

Sincerely,

Jennifer Keefe
Director of Public Health
Scituate Board of Health



TOWN OF SCITUATE BOARD OF HEALTH
APPLICATION FOR PERMIT – TOBACCO SALES
\$200.00 FEE

Date: _____

New Application ☐

Renewal ☐

In accordance with provisions of the Statutes relating thereto, application for a permit is hereby made by:

Name (individual):	
Company Name (if different):	
Address:	
Telephone Number:	
Email address:	

Pursuant to MGL CH 62c, SEC 19, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.

Signature	
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FEE: \$200 _____

Reviewed by Director, Public Health: APPROVED ☐

DENIED: ☐

OTHER/NOTES:

Date: _____

Checklist: _____

Department of Revenue Tobacco Sales License _____

Check# _____

Permit# _____

TOBACCO SALES PERMIT CHECKLIST

The Scituate Board of Health regulations Restricting the Sale of Tobacco Products and Nicotine Delivery Products is available on the website: <http://www.scituatema.gov/board-of-health> and a hard copy can be obtained from our office upon request. This form must be initialed and signed by the owner/operator of the establishment applying for a Board of Health Tobacco Sales Permit. **No permit will be issued until this checklist has been initialed and signed.**

1. I have read and I understand all subsections within Scituate's regulations affecting smoking and the sale, vending, and distribution of tobacco. _____
2. I understand that it is against the law to sell cigarettes or any tobacco product to anyone under **twenty one (21)** years of age, regardless of how old the person looks. _____
3. I understand that the Scituate regulation requires anyone selling tobacco to conclusively establish the customer's age. This means that the clerk must ask for, and see identification proving the person is at least **twenty one (21)** years of age. _____
4. I understand that if I am caught selling tobacco to minors, I may be fined up to \$300.00 depending on the number of the offense. _____
5. I understand that if I am caught selling tobacco to minors three times in any 24 month period, my permit may be suspended for 30 consecutive days and I may be called before the Scituate Board of Health to explain why my permit should not be suspended. _____
6. I understand that the Scituate regulation prohibits the sale of single cigarettes (loosies). If I am caught selling single cigarettes, I will be fined. _____
7. I understand that the Scituate regulation prohibits tobacco and/or nicotine delivery products self-service displays.

8. I understand that in order to receive a Tobacco Sales Permit from the Scituate Board of Health, I must enclose a copy of my valid Department of Revenue Tobacco Sales License. _____

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my tobacco sales permit.

(Name of Business)

(Owner/Operator)

(Date)

(Signature)